FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PROCESSED SEP 1 9 2008 E THOMSON REUTERS

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTI

<u> 13'16</u>	150
OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per respon	ise16.00
SEC USE	ONLY
Rrefix Pr	efix Prefix
	CDIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Precise Automation, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 727 Filip Road, Los Altos, CA 94024	Telephone Number (Including Area Code) (650) 254-1193
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above	Telephone Number (Including Area Code) same as above
Brief Description of Business Automation Equipment	1 STATUL PRINT PRI
Type of Business Organization corporation limited partnership, already formed other	08059206 (please spec
Actual or Estimated Date of Incorporation or Organization: Month Year 0 9 0 6	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for St CN for Canada; FN for other foreign jurisdiction)	ate:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	Α.	BASIC IDE	NTIF	FICATION DATA		<u>-</u>		
 Enter the information requested Each promoter of the issuer, Each beneficial owner having Each executive officer and d Each general and managing p 	if the issuer has been g the power to vote or irector of corporate is	dispose, or direct the suers and of corporate	vote o	or disposition of, 10%	or mo ners of	re of a class of	equity s uers; ar	securities of the issuer; and
Check Box(es) that Apply:	Promoter 🛛	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if individ	ual)							
Carlisle, Brian				·				
Business or Residence Address (Num	ber and Street, City,	State, Zip Code)						
727 Filip Road, Los Altos, CA 9402	4							
Check Box(es) that Apply:	Promoter	Beneficial Owner	\boxtimes	Executive Officer	<u> </u>	Director	⊔ 	General and/or Managing Partner
Full Name (Last name first, if individ	u a l)							
Lange, Betsy								
Business or Residence Address (Num		State, Zip Code)						
727 Filip Road, Los Altos, CA 9402			_					
Check Box(es) that Apply:	Promoter 🛛	Beneficial Owner	⊠ —	Executive Officer	⊠ 	Director		General and/or Managing Partner
Full Name (Last name first, if individ	ual)							
Shimano, Bruce		* " '						
Business or Residence Address (Num	_	State, Zip Code)						
727 Filip Road, Los Altos, CA 9402	<u>4</u>		_					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	⊠ 	Director		General and/or Managing Partner
Full Name (Last name first, if individ	ual)							
Kim, Jin-oh							<u></u>	
Business or Residence Address (Num	· ·	- · · · · · · · · · · · · · · · · · · ·						
7, Geumsa-dong, Geumjeong-gu, B		<u> </u>	_		_			
		Beneficial Owner	<u> </u>	Executive Officer	<u></u>	Director		General and/or Managing Partner
Full Name (Last name first, if individ	ual)							
Dongil Rubber Belt Co., Ltd.	1. 10 0.	0.7 (7.0.1)						
Business or Residence Address (Num 7, Geumsa-dong, Geumjeong-gu, B	•	•						
		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individ	ual)		-					Managing Farmer
Schunk GmbH & Co., KG		 ,						
Business or Residence Address (Num	•	• •						
Bahnhofstr. 106 - 134, D-74348 Lau	ffen/Neckar, Germ	iany						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individ	ual)							
Business or Residence Address (Num	ber and Street, City,	State, Zip Code)						
	(Use blank sheet,	or copy and use addi	itiona	l copies of this sheet	as ne	cessary)		

				В.	INFOR	MATION 2	ABOUT OF	FERING				
1. Has the	Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No ⊠	
2. What i	What is the minimum investment that will be accepted from any individual?									\$	n/a	
3. Does th	he offering po	ermit joint ov	wnership of a	single unit?							Yes ⊠	N₀ □
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (Last name fir	st, if individu	ual)		•					·		
NONE Business or	Residence Ac	Ideacs (Num)	her and Stree	t City State	Zin Code)							
Dusiness of	Kesidence At	idiess (iamii	oei and sace	t, City, State	, Zip Code)							
Name of As	sociated Brok	er or Dealer								•••		
States in Wh	ich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check "A	All States" or	check indivi	duals States)			***********	***************************************					1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	([MA]	[MI]	[MN]	[MS]	[MO]
		• •				DIMI.	DIC)	[ND]	[OH]	[OK]	[OR]	[PA]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	(1.0)	[,			
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	· [NM] [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[RI]		[SD]	[TN]			• •	• -			[WI]		(PR)
[RI] Full Name ([SC]	[SD]	[TN]	[TX]	[UT]	• •	• -			[WI]		[PR]
[RI] Full Name ([SC]	[SD]	[TN]	[TX]	[UT]	• •	• -			[WI]		(PR)
[RI] Full Name (Business or	[SC]	[SD] st, if individu	[TN]	[TX]	[UT]	• •	• -			[WI]		(PR)
[RI] Full Name (Business or	[SC] Last name fir Residence Ac	[SD] st, if individu ddress (Number or Dealer	[TN]	[TX]	[UT]	[VT]	• -			[WI]		(PR)
[RI] Full Name (Business or Name of Ass	[SC] Last name fir Residence Accordated Broken	[SD] st, if individual dress (Number or Dealer	[TN] ber and Stree	[TX]	[UT] , Zip Code) it Purchasers	[VT]	[VA]	[WA]	[WV]		[WY]	[PR]
[RI] Full Name (Business or Name of Ass	[SC] Last name fir Residence Ad sociated Brokenich Person L	[SD] st, if individual dress (Number or Dealer	[TN] ber and Stree	[TX]	[UT] , Zip Code) it Purchasers	[VT]	[VA]	[WA]	[WV]		[WY]	
[RI] Full Name (Business or Name of Ass States in Wh (Check "A	[SC] Last name fir Residence Ad sociated Brok sich Person L All States" or	[SD] st, if individual dress (Number or Dealer isted Has Sol check individual check individ	[TN] ber and Stree licited or Inte duals States)	[TX]	[UT] , Zip Code) it Purchasers	[VT]	[VA]	[WA]	[wv]		[WY]	I States
[RI] Full Name (Business or Name of Ass States in Wh (Check "/	[SC] Last name fir Residence Ad sociated Brok nich Person L All States" or	[SD] st, if individual dress (Number or Dealer isted Has Solcheck individual)	[TN] Der and Stree licited or Inter duals States)	[TX]	[UT] , Zip Code) it Purchasers	[CT]	[VA]	[DC]	[WV]	[GA]	[WY]	I States
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL]	[SC] Last name fir Residence Ad- sociated Brokenich Person L All States" or [AK] [IN]	[SD] st, if individual	[TN] ber and Stree licited or Inte duals States) [AR] [KS]	t, City, State	(CO)	[CT]	[VA]	[DC]	[WV]	[GA]	[WY]	I States [ID] [MO]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI]	[SC] Last name fir Residence Ad sociated Brok nich Person L All States" or [AK] [IN] [NE]	[SD] st, if individual	[TN] ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN]	t, City, State	[UT] , Zip Code) it Purchasers [CO] [LA] [NM]	[CT] [ME] [NY]	[VA] [DE] [MD] [NC]	[DC] [[MA] [ND]	[WV]	[GA] [MN] [OK]	[WY]	I States [ID] [MO] [PA]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name (ii	[SC] Last name fir Residence Ad sociated Broke nich Person L All States" or [AK] [IN] [NE] [SC]	[SD] st, if individual dress (Number or Dealer isted Has Sol check indivi- [AZ] [IA] [NV] [SD]	[TN] Der and Stree licited or Inter duals States) [AR] [KS] [NH] [TN]	t, City, State ands to Solic [CA] [KY] [NJ] [TX]	[UT] , Zip Code) it Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[VA] [DE] [MD] [NC]	[DC] [[MA] [ND]	[WV] [FL] [MI] [OH]	[GA] [MN] [OK]	[WY]	I States [ID] [MO] [PA]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name (i	[SC] Last name fir Residence Accordated Brokenich Person L All States" or [AK] [IN] [NE] [SC] Last name fire	[SD] st, if individual	[TN] Lial) ber and Stree duals States) [AR] [KS] [NH] [TN] Lial) ber and Street	t, City, State ands to Solic [CA] [KY] [NJ] [TX]	[UT] , Zip Code) it Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[VA] [DE] [MD] [NC]	[DC] [[MA] [ND]	[WV] [FL] [MI] [OH]	[GA] [MN] [OK]	[WY]	I States [ID] [MO] [PA]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name (i) Business or i	[SC] Last name fir Residence Act sociated Brok sich Person L All States" or [AK] [IN] [NE] [SC] Last name fir Residence Act	[SD] st, if individual dress (Number or Dealer isted Has Sol check individual [AZ] [NV] [SD] st, if individual dress (Number or Dealer	[TN] ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] ber and Street	t, City, State cnds to Solic [CA] [KY] [NJ] [TX]	[UT] , Zip Code) it Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[VA] [DE] [MD] [NC]	[DC] [[MA] [ND]	[WV] [FL] [MI] [OH]	[GA] [MN] [OK]	[WY]	I States [ID] [MO] [PA]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name (i Business or Name of Ass	[SC] Last name fir Residence Acts sociated Brokenich Person L All States" or [AK] [IN] [NE] [SC] Last name fire Residence Acts sociated Brokenich Acts	[SD] st, if individual dress (Number or Dealer isted Has Solicheck individual [NV] [SD] st, if individual dress (Number or Dealer isted Has Solicheck isted Has Solicheck individual dress (Number or Dealer isted Has Solicheck indi	[TN] Lial) ber and Stree duals States) [AR] [KS] [NH] [TN] ber and Street	t, City, State conds to Solic [CA] [KY] [NJ] [TX]	[UT] , Zip Code) it Purchasers [CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[VA] [DE] [MD] [NC]	[DC] [[MA] [ND]	[WV] [FL] [MI] [OH]	[GA] [MN] [OK]	[WY] A [HI] [MS] [OR] [WY]	I States [ID] [MO] [PA]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name (i Business or Name of Ass	[SC] Last name fir Residence Act sociated Broke sich Person L All States" or [AK] [IN] [NE] [SC] Last name fir Residence Act sociated Broke sich Person L	[SD] st, if individual dress (Number or Dealer isted Has Solicheck individual [NV] [SD] st, if individual dress (Number or Dealer isted Has Solicheck isted Has Solicheck individual dress (Number or Dealer isted Has Solicheck indi	[TN] Lial) ber and Stree duals States) [AR] [KS] [NH] [TN] ber and Street	t, City, State conds to Solic [CA] [KY] [NJ] [TX]	[UT] , Zip Code) it Purchasers [CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[VA] [DE] [MD] [NC]	[DC] [[MA] [ND]	[WV] [FL] [MI] [OH]	[GA] [MN] [OK]	[WY] A [HI] [MS] [OR] [WY]	I States [ID] [MO] [PA] [PR]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name (i Business or Name of Ass States in Wh (Check "/	[SC] Last name fir Residence Act sociated Brokenich Person L All States" or [AK] [IN] [NE] [SC] Last name fin Residence Act sociated Brokenich Person L All States" or	[SD] st, if individual dress (Number or Dealer isted Has Solicheck individual [NV] [SD] st, if individual dress (Number or Dealer isted Has Solicheck individual dress (Number	[TN] Jal) ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] Jal) ber and Street duals States)	[TX] t, City, State conds to Solic [CA] [KY] [NJ] [TX]	[UT] , Zip Code) it Purchasers [CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[VA] [DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[WV] [FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[WY] A [HI] [MS] [OR] [WY]	I States [ID] [MO] [PA] [PR]
[RI] Full Name (Business or Name of Ass States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name (i Business or i Name of Ass States in Wh (Check "/ [AL]	[SC] Last name fir Residence Acts sociated Brokenich Person L All States" or [AK] [NE] [SC] Last name fire Residence Acts sociated Brokenich Person L All States" or [AK]	[SD] st, if individual dress (Number or Dealer isted Has Sol (Number of St.) [IA] [NV] [SD] st, if individual dress (Number or Dealer isted Has Sol (Check individual dress (Number of Dealer isted Ha	[TN] Der and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] Der and Street licited or Inte duals States) [AR]	t, City, State (CA) [KY] [NJ] [TX] t, City, State	[UT] , Zip Code) (CO) [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[VA] [DE] [MD] [VA]	[DC] [MA] [WA]	[FL] [MI] [OH] [WV]	[GA]	[WY] A [HI] [WY] A [HI]	I States [ID] [MO] [PA] [PR]

[Click

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF	PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
			Aggregate	Amo	ount Already
	Type of Security		fering Price	•	Sold
	Debt			\$	0
	Equity	\$	999,999.48	\$	999,999.48
	Common Preferred		-		
	Convertible Securities (including warrants)	S	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	S	999,999.48	\$	999,999.48
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	Do	Aggregate llar Amount f Purchase
	Accredited investors				999,999.48
	Non-accredited Investors				0
	Total (for filings under Rule 504 only)			ъ <u></u>	0
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of	Dol	llar Amount
	Type of Offering		Security	D 0.	Sold
	Rule 505		0	\$	0
	Regulation A		0	\$	0
	Rule 504		0	\$	0
	Total		0	\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$. 0
	Legal Fees		\boxtimes	S _	14,000.00
	Accounting Fees			\$	0
	Engineering Fees			s	0
	Sales Commissions (specify finders' fees separately)			s —	0
	Other Expenses (identify)			<u>-</u>	0
	Total		⊠	~ <u> </u>	14,000.00
	1 VMI				74,000,00

	C. OFFERI	NG PRICE, NUMBER OF	INVESTORS, EXPENSES A	ND USE OF PRO	OCEEDS		
	b. Enter the difference between the aggr total expenses furnished in response to P proceeds to the issuer."	art C - Question 4.a. This di	fference is the "adjusted gross			\$ <u></u>	985,999.48
5.	Indicate below the amount of the adjusted the purposes shown. If the amount for an left of the estimate. The total of the payr forth in response to Part C - Question 4.b	y purpose is not known, furni nents listed must equal the a	sh an estimate and check the bo	x to the			
				Payme Officers, Di Affili	irectors &		ments To Others
	Salaries and fees			S	0	□ s _	0
	Purchase of real estate			S	0	□ s _	0
	Purchase, rental or leasing and installation	on of machinery and equipme	ent	🗆 s	0	□ s	0
	Construction or leasing of plant building	s and facilities		🗆 s	0	□ s_	0
	Acquisition of other businesses (includir used in exchange for the assets or securit				. 0	□ s	0
	Repayment of indebtedness			🗀 s	0	□ \$ _	0
	Working capital				0	⊠ s _	985,999.48
	Other (specify):			S	0	 \$	0
	Column Totals			🗆 s _	0	⊠ s	985,999.48
	Total Payments Listed (column total	ils added)		🔯	\$ <u>98</u>	<u>5,999.48</u>	-
		D. FE	DERAL SIGNATURE				
unde accre	ssuer has duly caused this notice to be signed taking by the issuer to furnish the U.S. Secutived investor pursuant to paragraph (b)(2) of	urities and Exchange Commis					
	er (Print or Type) ise Automation, Inc.	Signature	1 Jan	Date September 2.	2008		
Nam	ee of Signer (Print or Type) y Lange	Title of Signer (Prin Chief Financial Office		Boptemoor y,	2000		
		. ~	TENTION				
		AT	TENTION				

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

END